



IFW ✓

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Stava  
For : ENGINE WELDER WITH SHIELDING  
Serial No. : GAS GENERATION  
Filed : 10/765,587  
Examiner : Clifford C. Shaw  
Group Art Unit : 1725  
Date of Last Action : October 1, 2004  
Our Docket : LEEE 2 00376

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail  
in an envelope addressed to Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450  
on 10-26-04

Adeline Machado  
(SIGNATURE)

Dear Sir:

Please amend the above referenced patent application as follows:

10/29/2004 SSITHIB1 00000147 10765587

01 FC:1201	264.00 OP
02 FC:1202	306.00 OP



AMENDMENT TRANSMISSION  
CORPORATIONS (LARGE BUSINESSES)  
DOCKET NO. LEEE 2 00376

In re application of: Stava

Serial No. 10/765,587

Filed: January 27, 2004

For: ENGINE WELDER WITH SHIELDING GAS GENERATION

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 10-26-04

Odelline M. Vickers  
(SIGNATURE)

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 41	Minus	** 24	17	\$18	\$ 306
Indep. Claims	* 6	Minus	*** 3	3	\$88	\$ 264
			Total Additional Fee For this Amendment --->			\$ 570

\* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".

\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

A check in the amount of \$ 570.00 to cover the required Fee is enclosed.

General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & MCKEE

By: ROBERT V. VICKERS

Reg. No. 19,504

1100 Superior Avenue, Seventh Floor  
Cleveland, Ohio 44114-2579

Phone: (216) 861-5582

Fax: (216) 241-1666